

Exhibit "B"

EXPRESS MAIL

UNITED STATES POSTAL SERVICE®

FLAT RATE ENVELOPE

FLAT RATE POSTAGE
REGARDLESS OF WEIGHT
DOMESTIC USE ONLY

FLAT RATE ENVELOPE

FLAT RATE POSTAGE
REGARDLESS OF WEIGHT
DOMESTIC USE ONLY

EXTREMELY URGENT

Please Rush To Addressee

CALL 1-800-222-1811 FOR PICKUP OR TRACKING OF ALL YOUR PACKAGES



Mailing Label
Label 11-B, March 2004

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UNITED STATES POSTAL SERVICE®

Post Office To Addressee

DELIVERY (POSTAL USE ONLY)

DELIVERY (POSTAL USE ONLY)			Employee Signature
Delivery Attempt	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature

CUSTOMER USE ONLY

PAYMENT BY ACCOUNT
Express Mail Corporate Acct. No. _____

FEDERAL BY ACCOUNT
Federal Agency Acct. No. _____
Postal Service Acct. No. _____

☐ **WAIVER OF SIGNATURE** Domestic Mail Only
Additional merchandise insurance is void if
customer provides waiver of signature.
With delivery to be made without obtaining signature
of addressee or addressee's agent (if delivery employee
judges that article can be left in secure location) and
authorizes that delivery employee's signature constitutes
valid proof of delivery.

TO: (PLEASE PRINT) _____ PHONE: (_____) _____

THIS ADDRESS ONLY DO NOT USE FOR FOREIGN POSTAL CODES.)

FOR INTERNATIONAL DESTINATIONS WRITE COUNTRY NAME BELOW.

ORIGIN (POSTAL SERVICE USE ONLY)

Origin to Customer PO ZIP Code		Day of Delivery <input type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 2nd Del. Day Scheduled Date of Delivery		Postage \$		Return Receipt Fee	
Date Accepted		Month Day Scheduled Time of Delivery		COD Fee Insurance Fee \$ \$		Total Postage & Fees	
Time Accepted <input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> Noon <input type="checkbox"/> 3 PM Military		\$		\$	
Flat Rate <input type="checkbox"/> or Weight		<input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day		\$		Acceptance Emp. Initials	
lbs. ozs.							

FROM: (PLEASE PRINT)

FOR PICKUP OR TRACKING

visit **www.usps.com**

Call 1-800-222-1811

